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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
DISTRICT OF SOUTH CAROLINA	-	
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself			
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	
1.	You	r full name			
	your pictu exar licer Bring iden	e the name that is on government-issued ure identification (for mple, your driver's use or passport). g your picture tification to your ting with the trustee.	Mohamad First name Hilal Middle name Kassassir Last name and Suffix (Sr., Jr., II, III)	First name Middle name Last name and Suffix (Sr., Jr., II, III)	_
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.	Mark Kassassir		
3.	you num Indi	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number	xxx-xx-5862		

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Debtor 1 Mohamad Hilal Kassassir

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	☐ I have not used any business name or EINs. FDBA MRWH Lawncare Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	111 Hickory Knob Lane	If Debtor 2 lives at a different address:
		Wellford, SC 29385 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Spartanburg	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
ò.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Mohamad Hilal Kassassir

Case number (if known)

ar	Tell the Court About	Your B	ankruptcy Ca	se			
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7 Chapter 11					
	choosing to file under						
		□с	hapter 12				
		□с	hapter 13				
3.	How you will pay the fee		about how yo	u may pay. Typ attorney is sub	pically, if you are paying the fe	check with the clerk's office in your local e yourself, you may pay with cash, cas behalf, your attorney may pay with a c	shier's check, or money
					tallments. If you choose this of the control of the	option, sign and attach the Application	for Individuals to Pay
			J		,	ption only if you are filing for Chapter 7	7. By law, a judge may,
			applies to you	ur family size ar	nd you are unable to pay the fo	if your income is less than 150% of the ee in installments). If you choose this o Official Form 103B) and file it with you	option, you must fill out
).	Have you filed for bankruptcy within the	■ No	o.				
	last 8 years?	☐ Ye					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy cases pending or being	■ No	D				
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	□ Ye	9 S.				
			Debtor			Relationship to you	
			District		When	Case number, if know	wn
			Debtor			Relationship to you	
			District		When	Case number, if knov	wn
11.	Do you rent your residence?	■ No	Go to I	ine 12.			
	rootuerioe :	□ Ye	es. Has yo	ur landlord obta	ained an eviction judgment ag	ainst you?	
				No. Go to line	12.		
				Yes. Fill out In this bankruptc		ion Judgment Against You (Form 101A	A) and file it as part of

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		Document	raye 4 01 03	
Debtor 1	Mohamad Hilal Kassassir		Case number	(if known)

ar	Report About Any Bu	sinesses '	You Own	as a Sole Proprie	tor	
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.		
		☐ Yes.	Name	and location of bus	siness	
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	Name of business, if any		
	If you have more than one sole proprietorship, use a separate sheet and attach		Numbe	er, Street, City, Sta	te & ZIP Code	
	it to this petition.		Check	Check the appropriate box to describe your business:		
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))	
				Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))		
				Stockbroker (as defined in 11 U.S.C. § 101(53A))		
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))	
				None of the above	e	
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate s. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of its, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure s.C. 1116(1)(B).			
	For a definition of small	■ No.	I am n	ot filing under Chap	oter 11.	
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am fil Code.	ing under Chapter	11, but I am NOT a small business debtor according to the definition in the Bankruptcy	
		☐ Yes.	I am fil	ing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.	
ar	4: Report if You Own or	Have Any	Hazardo	us Property or An	y Property That Needs Immediate Attention	
14.	Do you own or have any	■ No.				
	property that poses or is alleged to pose a threat of imminent and	Yes.	What is t	he hazard?		
	identifiable hazard to public health or safety?					
	Or do you own any property that needs immediate attention?			ate attention is why is it needed?		
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?		
					Number, Street, City, State & Zip Code	

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Debtor 1 Mohamad Hilal Kassassir

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Mohamad Hilal Kassassir

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Case number (if known)

Par	6: Answer These Questi	ons for R	eporting Purposes					
16.	What kind of debts do you have?	16a.	Are your debts primarily consur individual primarily for a personal, No. Go to line 16b.	mer debts? Consumer debts are defined family, or household purpose."	in 11 U.S.C. § 101(8) as "incurred by an			
			Yes. Go to line 17.					
		16b.		ss debts? Business debts are debts that	you incurred to obtain			
		100.		nt or through the operation of the business				
			☐ No. Go to line 16c.					
			☐ Yes. Go to line 17.					
		16c.	State the type of debts you owe that are not consumer debts or business debts					
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	o to line 18.				
	Do you estimate that after any exempt property is excluded and	Yes.	are paid that funds will be available	u estimate that after any exempt property e to distribute to unsecured creditors?	is excluded and administrative expenses			
administrative expenses are paid that funds will			No					
	be available for distribution to unsecured creditors?		☐ Yes					
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-1 □ 200-9		☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000			
19.	How much do you estimate your assets to be worth?	\$100 ,	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
20.	How much do you estimate your liabilities to be?	= \$100,	50,000 01 - \$100,000 001 - \$500,000 001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	□ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion □ More than \$50 billion			
Par	:7: Sign Below							
_	you	I have ex	amined this petition, and I declare u	under penalty of perjury that the information	on provided is true and correct.			
				n aware that I may proceed, if eligible, und available under each chapter, and I choos				
		If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						
		I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.						
		Moham	amad Hilal Kassassir ad Hilal Kassassir e of Debtor 1	Signature of Debtor 2				
		Executed	on July 25, 2018 MM / DD / YYYY	Executed on MM / DI	D/YYYY			

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Debtor 1 Mohamad Hilal Kassassir Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Caleb J	J. Farmer	Date	July 25, 2018
Signature of	Attorney for Debtor		MM / DD / YYYY
	armer 10818		
Printed name			
Farmer &	Morris Law, PLLC		
Firm name			
PO Box 63	32		
Rutherford	dton, NC 28139		
Number, Street,	City, State & ZIP Code		
Contact phone	(828) 286-3866	Email address	cfarmer@farmerlegal.com
10818 SC			
Par number 9 C	toto		

		Docum	ent Page 8 of 6	<u> </u>	
Fill in this infor	mation to identify your	case:			
Debtor 1	Mohamad Hilal K	assassir			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA		
Case number _ (if known)					☐ Check if this is an amended filing
					•

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	236,650.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	13,877.2
	1c. Copy line 63, Total of all property on Schedule A/B	\$	250,527.2
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	148,889.89
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	1,508.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	34,126.4
	Your total liabilities	\$	184,524.45
⊃aı	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	5,611.8
j.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	5,606.0
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your dahts are primarily consumer dahts. Consumer dahts are those "incurred by an individual primarily for		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Mohamad Hilal Kassassir

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

7,601.85 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total c	laim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,508.09
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	1,508.09

Fill in this in	formation to identify yo	ur case and th		ument	Page 10 of 63				-
			is illing	,					
Debtor 1	Mohamad Hila		Name		Last Name				
Debtor 2									
(Spouse, if filing)	First Name	Middle	Name		Last Name				
United States	Bankruptcy Court for the	: DISTRICT	OF SOL	JTH CAROLI	INA				
Case number					_				Check if this is an amended filing
									-
_	Form 106A/B								
Schedi	ule A/B: Pro	perty							12/15
Answer every q					he top of any additional pages wn or Have an Interest In	, write your n	ame and case	e nur	nber (if known).
. Do you own	or have any legal or equita	able interest in a	ny resid	ence, building	g, land, or similar property?				
□ No. Go to	Part 2								
_	ere is the property?								
1.1			What	is the proper	ty? Check all that apply				
	mber Trail			Single-family	home				or exemptions. Put
Street addr	ess, if available, or other descrip	ion		Duplex or mu	ulti-unit building				ms on Schedule D: ecured by Property.
				Condominiur	n or cooperative				
Wheato	on IL 6	0189-0000		Manufacture	d or mobile home	Current va			rrent value of the rtion you own?
City	State	ZIP Code		Investment p	property	\$15	5,000.00	_	\$155,000.00
				Timeshare Other	this the second O o	(such as fe			ownership interest by the entireties, or
				Debtor 1 only	st in the property? Check one	Fee sim	•		
DuPage	е			Debtor 2 only					
County				Debtor 1 and	I Debtor 2 only of the debtors and another		if this is com tructions)	nmun	ity property
				r information y	you wish to add about this itention number:	n, such as lo	cal		
			Tax Valu atter	mpting to s		n spring 2	018. Liste	d fo	r \$160,000.

Official Form 106A/B Schedule A/B: Property page 1

\$11,000 payment from debtor to cover commissions, closing costs, etc.

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Case number (if known) Debtor 1 Mohamad Hilal Kassassir If you own or have more than one, list here: 1.2 What is the property? Check all that apply 111 Hickory Knob Lane Single-family home Do not deduct secured claims or exemptions. Put Street address, if available, or other description the amount of any secured claims on Schedule D: Duplex or multi-unit building Creditors Who Have Claims Secured by Property. Condominium or cooperative Manufactured or mobile home Current value of the Current value of the Wellford SC 29385-0000 ☐ Land entire property? portion you own? State ZIP Code Investment property \$163,300.00 \$81,650.00 ☐ Timeshare Describe the nature of your ownership interest □ Other (such as fee simple, tenancy by the entireties, or a life estate), if known. Who has an interest in the property? Check one Joint tenant with Right of Survivorship ☐ Debtor 1 only **Spartanburg** ☐ Debtor 2 only County ☐ Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: Home on 0.23 acres. Tax ID: 5-16-06-032.05. Value based on tax assessment of \$163,370.00. Jointly owned (50%) with non-filing spouse, Lynn Marie Skupien. Encumbered by purchase-money mortgage with current balance owed \$160,000.00. Debtor is not an obligor on the mortgage loan Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for \$236,650.00 Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Nissan 3 1 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Altima** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2006 Year: Debtor 2 only Current value of the Current value of the 99.000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another VIN: 1N4AL11D76N381978 \$4,225.00 \$4,225.00 **Condition: Average** ☐ Check if this is community property (see instructions) Value based on average NADA. **Debtor believes liquidation** value is \$1,500-\$2,000 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

\$4,225.00

Debtor 1	Mohamad Hilal Kassassir	cument	Page 12 of	63 Case number	(if known)
Port 2. D	escribe Your Personal and Household Items				
	wn or have any legal or equitable interest in an	y of the follow	ving items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
<i>Exam</i> µ □ No	hold goods and furnishings oles: Major appliances, furniture, linens, china, kitch . Describe	enware			
	Kitchen appliances, kitcher furniture, king size bedroom washer, dryer, lawn mowed Jointly owned (50%) with	om suit, full er, weed eat	size bed, full size er, and yard too	ze bed,	<u>\$587.50</u>
□ No	onics oles: Televisions and radios; audio, video, stereo, a including cell phones, cameras, media players Describe		ipment; computers,	printers, scanners	s; music collections; electronic devices
	TV, mobile phone				\$250.00
Exam _i ■ No	cibles of value oles: Antiques and figurines; paintings, prints, or oth other collections, memorabilia, collectibles . Describe	ner artwork; bo	ooks, pictures, or ot	her art objects; sta	amp, coin, or baseball card collections;
Examp No	nent for sports and hobbies bles: Sports, photographic, exercise, and other hobbi musical instruments Describe	by equipment;	bicycles, pool table	es, golf clubs, skis	; canoes and kayaks; carpentry tools;
■ No	rms nples: Pistols, rifles, shotguns, ammunition, and rela Describe	ated equipmer	nt		
□ No	es nples: Everyday clothes, furs, leather coats, designe Describe	er wear, shoes	s, accessories		
	Clothing, shoes, and acce	essories			\$125.00
■ No □ Yes	ry nples: Everyday jewelry, costume jewelry, engagem Describe arm animals nples: Dogs, cats, birds, horses	nent rings, wed	dding rings, heirloor	n jewelry, watches	s, gems, gold, silver

☐ No

Yes. Describe.....

1 dog \$0.00

page 3

De	Case 18-03734-h			Entered 07/25/18 16:40:04 age 13 of 63 Case number (if known)	Desc Main
4 4			did not already list inclu	uding any health aids you did not list	
14.	No	ioid items you	did not already list, incit	iding any nearth alds you did not list	
	☐ Yes. Give specific information.				
15	. Add the dollar value of all of y for Part 3. Write that number I			entries for pages you have attached	\$962.50
Pa	rt 4: Describe Your Financial Asset	s			
	you own or have any legal or e		st in any of the following	?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Examples: Money you have in you No Yes	, ,	•	box, and on hand when you file your petitio	n
			unts with the same institut		ouses, and other similar
	Yes		Institution nam	e:	
	17.1.	Checking	Wells Fargo Acct. no: xx		\$1,031.76
	17.2.	Savings	Wells Fargo Acct. no: xx		\$1,016.00
	Bonds, mutual funds, or public Examples: Bond funds, investme ■ No □ Yes		h brokerage firms, money	market accounts	
	□ Yes	mondation of 199	del fiame.		
19.	Non-publicly traded stock and joint venture ■ No	interests in inc	orporated and unincorpo	orated businesses, including an interest	in an LLC, partnership, and
	☐ Yes. Give specific information				
	Nar	ne of entity:		% of ownership:	
20.	Government and corporate bor Negotiable instruments include p Non-negotiable instruments are ■ No ■ Yes. Give specific information a	ersonal checks those you canno	, cashiers' checks, promiss	sory notes, and money orders.	
		uer name:			
	Retirement or pension account Examples: Interests in IRA, ERIS □ No		k), 403(b), thrift savings ac	ccounts, or other pension or profit-sharing p	olans
	Yes. List each account separat	•	Landita Cara anno		
	Type	of account:	Institution nam	e:	
	401(k	x)	Fidelity Inve	stments	\$6,641.98
22.		s you have mad		e service or use from a company c, gas, water), telecommunications compani	es, or others
	□ Yes		Institution nam	e or individual:	

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Case number (if known) Document Debtor 1 **Mohamad Hilal Kassassir** 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation. Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value:

Death benefit: \$75,000

debtor's employer

Group term life insurance through

No cash value Lynn Skupien [spouse]

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

■ No

☐ Yes. Give specific information..

\$0.00

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Case number (if known) Document Debtor 1 **Mohamad Hilal Kassassir** 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$8,689.74 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6 ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form

55.	Part 1: Total real estate, line 2				\$236,650.00
56.	Part 2: Total vehicles, line 5		\$4,225.00		
57.	Part 3: Total personal and household items, line 15		\$962.50		
58.	Part 4: Total financial assets, line 36		\$8,689.74		
59.	Part 5: Total business-related property, line 45		\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52		\$0.00		
61.	Part 7: Total other property not listed, line 54	+	\$0.00		
62.	Total personal property. Add lines 56 through 61	_	\$13,877.24	Copy personal property total	\$13,877.24
63.	Total of all property on Schedule A/B. Add line 55 + line 62				\$250,527.24

Official Form 106A/B Schedule A/B: Property page 6

Fill in this infor	mation to identify your	case:		
Debtor 1	Mohamad Hilal K	assassir		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH (CAROLINA	
Case number (if known)				☐ Check if the amended

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2. Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a

any fun exe	r applicable statutory limit. Some exemption ds—may be unlimited in dollar amount. How emption to a particular dollar amount and the he applicable statutory amount.	s—such as those for vever, if you claim an	healt exen	th aids, rights to receive certain b nption of 100% of fair market valu	penefits, and tax-exempt retirement the under a law that limits the	
Pa	rt 1: Identify the Property You Claim as E	xempt				
1.	Which set of exemptions are you claiming?	? Check one only, eve	n if yo	our spouse is filing with you.		
	■ You are claiming state and federal nonbank	kruptcy exemptions.	11 U.S	S.C. § 522(b)(3)		
	☐ You are claiming federal exemptions. 11 t	J.S.C. § 522(b)(2)				
2.	For any property you list on Schedule A/B	that you claim as exe	mpt,	fill in the information below.		
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	2006 Nissan Altima 99,000 miles VIN: 1N4AL11D76N381978	\$4,225.00		\$4,225.00	S.C. Code Ann. § 15-41-30(A)(2)	
	Condition: Average Value based on average NADA. Debtor believes liquidation value is \$1,500-\$2,000 Line from <i>Schedule A/B</i> : 3.1			100% of fair market value, up to any applicable statutory limit		
	Kitchen appliances, kitchenware, kitchen table, living room furniture,	\$587.50		\$587.50	S.C. Code Ann. § 15-41-30(A)(3)	
	king size bedroom suit, full size bed, full size bed, washer, dryer, lawn mower, weed eater, and yard tools Jointly owned (50%) with non-filing spouse Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		

Clothing, shoes, and accessories Line from Schedule A/B: 11.1

TV, mobile phone

Line from Schedule A/B: 7.1

\$125.00

\$250.00

\$125.00

S.C. Code Ann. § 15-41-30(A)(3)

S.C. Code Ann. §

15-41-30(A)(3)

100% of fair market value, up to any applicable statutory limit

100% of fair market value, up to any applicable statutory limit

\$250.00

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Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim		Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
Checking: Wells Fargo Bank Acct. no: xx0438	\$1,031.76		\$1,031.76	S.C. Code Ann. § 15-41-30(A)(5)	
Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	10 41 00(1)(0)	
Savings: Wells Fargo Bank Acct. no: xx6052	\$1,016.00		\$1,016.00	S.C. Code Ann. § 15-41-30(A)(5)	
Line from Schedule A/B: 17.2			100% of fair market value, up to any applicable statutory limit		
401(k): Fidelity Investments Line from Schedule A/B: 21.1	\$6,641.98		\$6,641.98	S.C. Code Ann. § 15-41-30(A)(13)	
Elito II oli i ochodulo FVD. Z1.1			100% of fair market value, up to any applicable statutory limit	` ' '	

3.	Are you claiming a	homestead	exemption of	more than	\$160,375?
----	--------------------	-----------	--------------	-----------	------------

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

■ No

☐ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

☐ No

☐ Yes

		Document	Page 18	of 63		
Fill in this informatio	n to identify you	r case:				
Debtor 1 M	lohamad Hilal I	Kassassir				
	rst Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing) Fire	rst Name	Middle Name	Last Name			
United States Bankrup	otcy Court for the:	DISTRICT OF SOUTH CAROLI	NA			
Case number					☐ Check	if this is an
,						led filing
						3
Official Form 10	06D					
Schedule D:	Creditors	Who Have Claims S	Secured	by Propert	V	12/15
				<u> </u>		
		f two married people are filing togethe out, number the entries, and attach it to				
number (if known).		,		and top or any addition	pages,e year	
1. Do any creditors have	claims secured by	your property?				
□ No. Check this	box and submit th	nis form to the court with your other	schedules. Yo	u have nothing else t	o report on this form.	
Yes. Fill in all o	of the information b	pelow.				
Part 1: List All Sec	cured Claims					
		nore than any accured claim, list the gree	litar aanarataly	Column A	Column B	Column C
for each claim. If more th	nan one creditor has	nore than one secured claim, list the crec a particular claim, list the other creditors	in Part 2. As	Amount of claim	Value of collateral	Unsecured
much as possible, list the	claims in alphabetion	cal order according to the creditor's name	١.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Mr. Cooper		Describe the property that secures the	ne claim:	\$121,747.00	\$155,000.00	\$0.00
Creditor's Name		1641 Timber Trail Wheaton, I	L 60189			
		DuPage County				
DO D 04000		As of the date you file, the claim is: 0	Check all that			
PO Box 61909 Dallas, TX 752		apply.				
		Contingent				
Number, Street, City, S	State & Zip Code	☐ Unliquidated☐ Disputed				
Who owes the debt?	Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as m	nortgage or secu	ıred		
Debtor 2 only		car loan)	3.3.			
Debtor 1 and Debtor 2	2 only	☐ Statutory lien (such as tax lien, mec	hanic's lien)			
☐ At least one of the del	•	☐ Judgment lien from a lawsuit	,			
☐ Check if this claim re	elates to a	Other (including a right to offset)	Mortgage			
community debt						
Date debt was incurred	06/2006	Last 4 digits of account numb	er 0772			
Specialized Le	oan					
Servicing, LL0		Describe the property that secures the	ne claim:	\$27,142.89	\$155,000.00	\$0.00
Creditor's Name		1641 Timber Trail Wheaton, I	L 60189			
8742 Lucent E	Boulevard,	DuPage County				
Suite 300 PO Box 63600)E	As of the date you file, the claim is: (Check all that			
Littleton, CO		apply.				
Number, Street, City, S		☐ Contingent☐ Unliquidated				
rtambor, otroot, only, t	otate a zip oode	☐ Disputed				
Who owes the debt?	Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as m	nortgage or secu	ured		
Debtor 2 only		car loan)				
☐ Debtor 1 and Debtor 2	2 only	☐ Statutory lien (such as tax lien, mec	hanic's lien)			
☐ At least one of the del	btors and another	☐ Judgment lien from a lawsuit				
☐ Check if this claim re	elates to a	Other (including a right to offset)	Second Mor	rtgage		
community debt		_				
Date debt was incurred	06/2006	Last 4 digits of account numb	er 3367			

Official Form 106D

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Debtor	1 Mohamad H	ilal Kassassir		Case number (if know)	
	First Name	Middle Name	Last Name		
Add t	he dollar value of ye	our entries in Column A on	this page. Write that number I	here: \$148,889.89	
	is the last page of that number here:	your form, add the dollar va	lue totals from all pages.	\$148,889.89	
Part 2:	List Others to	Be Notified for a Debt Th	at You Already Listed		
trying t than or	o collect from you f se creditor for any o	or a debt you owe to some	one else, list the creditor in Pa	ot that you already listed in Part 1. For example, art 1, and then list the collection agency here. Si ditors here. If you do not have additional person	milarly, if you have more
	Name, Number, Stree Nationstar Mort	et, City, State & Zip Code		On which line in Part 1 did you enter the credito	or? <u>2.1</u>
	8950 Cypress W rving, TX 75063			Last 4 digits of account number	

Fill in this i	information to identify your case	e:	Paue 70 01	0.5		
Debtor 1	Mohamad Hilal Kass					
20010.	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing	a) First Name	Middle Name	Last Name			
United State	es Bankruptcy Court for the: D	ISTRICT OF SOUTH CARC	DI INA			
Ormod Otale	bo Burikiaptoy Court for the.		2.11.17.1			
Case numb	er				☐ Check amend	if this is an ed filing
Official F	Form 106E/F					
	le E/F: Creditors Who	Have Unsecured	l Claims			12/15
any executory Schedule G: I Schedule D: (left. Attach th name and cas	ete and accurate as possible. Use Pay contracts or unexpired leases that Executory Contracts and Unexpired Creditors Who Have Claims Secured the Continuation Page to this page. If se number (if known).	could result in a claim. Also Leases (Official Form 106G). I by Property. If more space is you have no information to re	list executory contract Do not include any cress needed, copy the Par	ts on Schedule A/B: F editors with partially s t you need, fill it out, i	roperty (Official For ecured claims that a number the entries in	m 106A/B) and on tre listed in the boxes on the
	ist All of Your PRIORITY Unsec					
	creditors have priority unsecured class So to Part 2.	aims against you?				
Yes.	50 to 1 alt 2.					
2. List all o identify w possible,	of your priority unsecured claims. If a that type of claim it is. If a claim has bo- list the claims in alphabetical order ac more than one creditor holds a particu	oth priority and nonpriority amou cording to the creditor's name. I	ints, list that claim here a If you have more than tw	and show both priority a	nd nonpriority amount	s. As much as
(For an e	explanation of each type of claim, see t	he instructions for this form in th	ne instruction booklet.)	Total claim	Priority	Nonpriority
2.1 Du l	Page Country Treasurer	Last 4 digits of acco	unt number	\$1,508.09	amount \$1,508.09	amount \$0.00
Prio	rity Creditor's Name					Ψοίου
	I N. County Farm Road leaton, IL 60187-2553	When was the debt in	ncurred?		-	
	nber Street City State Zlp Code	As of the date you fil	le, the claim is: Check	all that apply		
Who in	curred the debt? Check one.	☐ Contingent				
Deb	otor 1 only	☐ Unliquidated				
☐ Deb	otor 2 only	☐ Disputed				
☐ Deb	otor 1 and Debtor 2 only	Type of PRIORITY ur	nsecured claim:			
☐ At le	east one of the debtors and another	☐ Domestic support	obligations			
☐ Che	eck if this claim is for a community		other debts you owe the	-		
	claim subject to offset?	☐ Claims for death o	r personal injury while yo	ou were intoxicated		
■ No		Other. Specify	047.0			
☐ Yes			017 Real property	taxes		
2.2 Inte	ernal Revenue Service	Last 4 digits of acco	unt number	\$0.00	\$0.00	\$0.00
PO	rity Creditor's Name Box 7346	When was the debt i	ncurred?			· · ·
Phi Num	iladelphia, PA 19101-7346 hber Street City State Zlp Code	As of the date you fil	le, the claim is: Check	all that apply		
	curred the debt? Check one.	☐ Contingent	o, and claim for chook	an triat apply		
■ Deb	otor 1 only	☐ Unliquidated				
☐ Deb	otor 2 only	☐ Disputed				
_	otor 1 and Debtor 2 only	Type of PRIORITY ur	nsecured claim:			
	east one of the debtors and another	☐ Domestic support				
_	eck if this claim is for a community		other debts you owe the	e government		
	claim subject to offset?		r personal injury while yo	_		
■ No	-	☐ Other. Specify				
☐ Yes			lotice only			

Document Page 21 of 63 Debtor 1 Mohamad Hilal Kassassir Case number (if know) South Carolina Department of \$0.00 \$0.00 \$0.00 2.3 Revenue Last 4 digits of account number Priority Creditor's Name PO Box 12265 When was the debt incurred? Columbia, SC 29211-2265 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No Other. Specify ☐ Yes **Notice only Spartanburg County Tax** \$0.00 \$0.00 \$0.00 2.4 Collector Last 4 digits of account number Priority Creditor's Name 366 North Church Street When was the debt incurred? Suite 400 Spartanburg, SC 29303 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt ☐ Claims for death or personal injury while you were intoxicated Is the claim subject to offset? ■ No ☐ Other. Specify ☐ Yes **Notice only** Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you?

☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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Case number (if know) Document Debtor 1 Mohamad Hilal Kassassir 4.1 \$2,024.01 **Amazing Services Group** Last 4 digits of account number 4851 Nonpriority Creditor's Name 3900 Gabrielle Lane, #6073 When was the debt incurred? 05/2017 Aurora, IL 60598 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Services Other. Specify 4.2 **Best Buy Credit Services** Last 4 digits of account number 5785 \$77.58 Nonpriority Creditor's Name PO Box 790441 When was the debt incurred? 12/2017 Saint Louis, MO 63179 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Credit card** Other, Specify 4.3 Last 4 digits of account number 7440 \$5,064.00 Chase Nonpriority Creditor's Name PO Box 15298 When was the debt incurred? 05/2016 Wilmington, DE 19850-5298 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only

■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit card

	Case 18-03/34-110 DOC 1			Main
Debto	Mohamad Hilal Kassassir	Document Page 2	3 of 63 Case number (if know)	
4.4	Citi Card	Last 4 digits of account number	0591	\$3,400.00
	Nonpriority Creditor's Name PO Box 6500 Sioux Falls, SD 57117	When was the debt incurred?	03/2017	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.	•		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Credit card	<u> </u>	
4.5	Credit First NA	Last 4 digits of account number	1146	\$469.00
	Nonpriority Creditor's Name PO Box 81315	When was the debt incurred?	07/2002	
	Cleveland, OH 44181-0315 Number Street City State Zlp Code		in Charle all that analy	
	Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
		Type of NONPRIORITY unsecured	d claim:	
	At least one of the debtors and another	☐ Student loans	a Glaini.	
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	nation agreement of arrefee that you did not	
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Credit card	<u> </u>	
	D&R Property Management and			
4.6	Realty	Last 4 digits of account number	Unk	Unknown
	Nonpriority Creditor's Name PO Box 101 Richmond, IL 60071	When was the debt incurred?	Multiple	
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	

debt

■ No

☐ Yes

☐ Student loans

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Property management company

 $\hfill\square$ Check if this claim is for a community

Is the claim subject to offset?

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Debtor 1 Mohamad Hilal Kassassir Case number (if know) 4.7 \$19,183.00 **Discover Bank** Last 4 digits of account number 0447 Nonpriority Creditor's Name PO Box 15316 When was the debt incurred? 12/2004 Wilmington, DE 19850-5316 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit card ☐ Yes 4.8 Kristie Elkins Last 4 digits of account number Unk Unknown Nonpriority Creditor's Name 1641 Timber Trails Unit A When was the debt incurred? Unk Wheaton, IL 60187 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No Former tenant of debtor's Illinois rental ☐ Yes Other. Specify property. Potential claim against debtor. 4.9 Lowe's Companies, Inc Last 4 digits of account number 1108 Unknown Nonpriority Creditor's Name c/o Carrillo Law, LLC When was the debt incurred? 2/18/2014 70 West Madison Street, Ste 2275 Chicago, IL 60602 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent ■ Debtor 1 only Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No Alleged claims for breach of contract and failure to indemnify. Debtor formerly operated a lawncare business in Illinois. Did snow removal work for Lowe's store. An individual brought a personal injury ☐ Yes Other. Specify claim against Lowe's who sued debtor

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			20 2110104 01720720 2011010 1	2 000
Debtor 1	Mohamad Hilal Kassassir	Document	Page 25 of 63 Case number (if know)	

PNC Bank	Last 4 digits of account number 8777	\$3,018
Nonpriority Creditor's Name PO Box 94982 Cleveland, OH 44101	When was the debt incurred? 08/2015	-
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify Credit card	=
Trees of Wheaton Nonpriority Creditor's Name	Last 4 digits of account numberUnk	\$89
PO Box 7679 Carol Stream, IL 60197-7679	When was the debt incurred? Multiple	-
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	$\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
Is the claim subject to offset?		
is the claim subject to offset?	\square Debts to pension or profit-sharing plans, and other similar debts	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
T. (.)	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 1,508.09
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 1,508.09
	6f.	Student loans	6f.	\$ Total Claim 0.00
Total claims from Part 2	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$ 0.00

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Case number (if know) Document

Debtor 1 Mohamad Hilal Kassassir

6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 34,126.47

34,126.47 Total Nonpriority. Add lines 6f through 6i.

Fill in this infor	mation to identify your	case:		
Debtor 1	Mohamad Hilal K	assassir		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the r, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				_
	Number	Street			
	City		State	ZIP Code	
2.3	•				
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.4	•				
	Name				_
	Number	Street			
	City		State	ZIP Code	_
2.5	•				
	Name				_
	Number	Street			_
	City		State	ZIP Code	

		Docume	ent Page 28 d	of 63	
Fill in this	information to identify your	case:			
Debtor 1	Mohamad Hilal K	accaccir			
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filir	ng) First Name	Middle Name	Last Name		
United Sta	ites Bankruptcy Court for the:	DISTRICT OF SOUTH	CAROLINA		
Case numi	hor				
(if known)					☐ Check if this is an
					amended filing
Officia	l Form 106H				
Sched	lule H: Your Cod	ebtors			12/15
					.2,.0
1. Do :	you have any codebtors? (If	you are filing a joint case,	do not list either spouse	as a codebtor.	
☐ Yes	3				
Arizon No.	hin the last 8 years, have you a, California, Idaho, Louisiana Go to line 3. s. Did your spouse, former spo	, Nevada, New Mexico, Pu	erto Rico, Texas, Wash		y states and territories include
3. In Col in line Form	umn 1, list all of your codeb 2 2 again as a codebtor only	ors. Do not include your f that person is a guaran	spouse as a codebtor	sure you have listed th	g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	Column 1: Your codebtor			Column 2: The cre	editor to whom you owe the debt
	Name, Number, Street, City, State and Z	IP Code		Check all schedule	
0.4				По	
3.1	Name			Schedule D, lin	
				☐ Schedule E/F, I	
				☐ Schedule G, lin	e
	Number Street			_	
	City	State	ZIP Code		
					
3.2	Namo			Schedule D, lin	
	Name			☐ Schedule E/F, I	
				☐ Schedule G, lin	e
-	Number Street			_	
	City	State	ZIP Code		

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Fill	in this information to identify y	our case:		
De	btor 1 Moham	ad Hilal Kassassir		
1	btor 2			
Un	ited States Bankruptcy Court for	or the: DISTRICT OF SOUT	H CAROLINA	
	se number nown)		-	Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date:
0	fficial Form 106I			MM / DD/ YYYY
S	chedule I: Your I	ncome		12/1
sup spo atta	plying correct information. It use. If you are separated and the a separate sheet to this for	you are married and not fili d your spouse is not filing w orm. On the top of any additi	ng jointly, and your spouse is living this ith you, do not include information a	Debtor 2), both are equally responsible for with you, include information about your bout your spouse. If more space is needed, se number (if known). Answer every question
Pa	rt 1: Describe Employn	nent		
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one jo	b, Employment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Assembly	Manufacturing
	Include part-time, seasonal, self-employed work.	or Employer's name	BMW Manufactoring Co., LLC	International Plastics Inc
	Occupation may include stude	dent Employer's address	1400 Highway 101 Sauth	105 Commores Contor

Give Details About Monthly Income

or homemaker, if it applies.

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

How long employed there?

1400 Highway 101 South

2 years

Greer, SC 29651

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll 2. deductions). If not paid monthly, calculate what the monthly wage would be.

Estimate and list monthly overtime pay.

Calculate gross Income. Add line 2 + line 3.

non-filing spouse 3,156.40 3,789.94 2. 3. 0.00 249.17 3,405.57 3,789.94

For Debtor 1

185 Commerce Center

Greenville, SC 29615

5 years

For Debtor 2 or

Official Form 106I Schedule I: Your Income page 1

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Debt	or 1	Mohamad Hilal Kassassir	_	(Case nu	mber (if kn	own)				
					For D	ebtor 1			Debtor -filing s		
	Сор	y line 4 here	4.		\$	3,405	.57	\$		789.94	
5.	l ist	all payroll deductions:									
0.	5a.	Tax, Medicare, and Social Security deductions	5a	ı	\$	686	75	\$		628.62	
	5b.	Mandatory contributions for retirement plans	5b		\$.00	\$ -		0.00	-
	5c.	Voluntary contributions for retirement plans	5c		\$	189		\$		151.60	-
	5d.	Required repayments of retirement fund loans	5d	l.	\$.00	\$_		287.24	
	5e.	Insurance	5e	٠.	\$	115	.07	\$		29.96	-
	5f.	Domestic support obligations	5f.		\$.00	\$_		0.00	_
	5g.	Union dues	5g		\$.00	\$_		0.00	-
	5h.	Other deductions. Specify:	5h	.+	\$	0	.00_	- \$_		0.00	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	991	.21	\$_	1,	097.42	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,414	.36	\$_	2,	692.52	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						•			
	O.L.	monthly net income.	8a		\$.00	\$ \$		0.00	
	8b. 8c.	Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8b	٠.	\$	U	.00	Ф_		0.00	-
		regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$.00_	\$_		0.00	-
	8d.	Unemployment compensation	8d		\$.00	\$_		0.00	-
	8e.	Social Security	8e		\$	0	.00	\$_		0.00	=
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$	0	.00	\$		0.00	
	8g.	Pension or retirement income	 8g		\$	0	.00	\$		0.00	-
	8h.	Other monthly income. Specify: Anticipated annual "plant bonus"	8h	.+	\$	310	.00	- \$_		0.00	-
		Anticipated future tax refunds [joint]	_		\$	195	.00	\$_		0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	5	\$	505	.00	\$_		0.00	D
10	Calc	culate monthly income. Add line 7 + line 9.	10.	\$	2	919.36	. ¢	2 (692.52	= \$	5,611.88
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_	۷,	313.30	. _	۷,۰	332.32	- Ψ -	3,011.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in <i>Schedule</i> ide contributions from an unmarried partner, members of your household, your refriends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe						Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailes							. 12.	\$Combin	
13.	Do۱	ou expect an increase or decrease within the year after you file this form	?							montni	y income
		No.									
		Yes. Explain:									

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Eill	in this informat	tion to identify yo	ur oooo:						
Deb	tor 1	Mohamad Hi	lal Kassa	assir			eck if this is:		
Deb	tor 2						An amended filing	wing postpetition chapter	
	ouse, if filing)					ш		f the following date:	
Unit	ed States Bankr	uptcy Court for the:	DISTRI	CT OF SOUTH CAROLIN	IA		MM / DD / YYYY		
l	e number nown)								
Of	fficial Fo	rm 106J							
S	chedule	J: Your I	Exper	ises				12/1	5
Be info nur	as complete a ormation. If m mber (if know	and accurate as ore space is nee n). Answer ever	possible eded, atta y questio	If two married people a ch another sheet to this					_
Par 1.	t 1: Descr Is this a join	ibe Your House	hold						_
١.									
	■ No. Go to	line 2. s Debtor 2 live i	n a canar	oto household?					
			ii a sepai	ate nousenoid?					
	□ No		t file Offici	al Form 106J-2, <i>Expense</i>	s for Separate House	hold of De	btor 2.		
2			_	, ,					
2.	•	e dependents?	☐ No						
	Do not list De Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?	
	Do not state	the						□ No	
	dependents	names.			Son		4 years	■ Yes	
								□ No	
					Son		4 years	Yes	
								□ No	
								Yes	
								□ No	
3.	Do your exp	enses include	_		-			Yes	
	expenses of yourself and	f people other the d your depender ate Your Ongoir	nan nts? □	No Yes					
Est exp	imate your ex	penses as of yo	our bankr	uptcy filing date unless				apter 13 case to report of the form and fill in the	_
the		n assistance and		government assistance luded it on <i>Schedule I:</i>			Your exp	penses	
4.		r home ownersl		ses for your residence. r lot.	Include first mortgage	e 4.	\$	1,006.00	
	If not includ	ed in line 4:							
	4a. Real e	state taxes				4a.	\$	0.00	
		rty, homeowner's	, or renter	's insurance		4b.	:	0.00	
				ipkeep expenses		4c.	:	100.00	
_		owner's associati				4d.	· -	0.00	
5.	Additional n	nortgage payme	ents for yo	our residence, such as he	ome equity loans	5.	Ф	0.00	

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ebtor 1	Mohamad Hilal Kassassir	Case num	ber (if known)	
Utili	ties:			
6a.	Electricity, heat, natural gas	6a.	\$	160.00
6b.	Water, sewer, garbage collection	6b.	\$	60.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	300.00
6d.	Other. Specify:	6d.	. —	0.00
	d and housekeeping supplies	7.	·	800.00
	dcare and children's education costs	8.	\$	1,000.00
	hing, laundry, and dry cleaning	9.	\$	75.00
		10.	\$	
	sonal care products and services		·	80.00
	ical and dental expenses	11.	\$	120.00
	nsportation. Include gas, maintenance, bus or train fare.	12.	\$	400.00
	not include car payments.	13.	·	25.00
	ertainment, clubs, recreation, newspapers, magazines, and books		·	
	ritable contributions and religious donations	14.	D	0.00
	Irance.			
	not include insurance deducted from your pay or included in lines 4 or 20.	150	¢	0.00
	Life insurance	15a.	·	0.00
	Health insurance	15b.		0.00
	Vehicle insurance	15c.	· : ———	130.00
	Other insurance. Specify:	15d.	\$	0.00
	es. Do not include taxes deducted from your pay or included in lines 4 or 20.			
Spe	•	16.	\$	0.00
	allment or lease payments:			
17a	Car payments for Vehicle 1	17a.	\$	0.00
17b.	Car payments for Vehicle 2	17b.	\$	0.00
17c.	Other. Specify: Spouse's vehicle loan payment	17c.	\$	600.00
	Other. Specify:	17d.	\$	0.00
	r payments of alimony, maintenance, and support that you did not report as		*	0.00
	ucted from your pay on line 5, Schedule I, Your Income (Official Form 106I).		\$	0.00
	er payments you make to support others who do not live with you.		\$	0.00
Spe		19.	-	2.00
•	er real property expenses not included in lines 4 or 5 of this form or on <i>Sch</i> e		our Income.	
	Mortgages on other property	20a.		0.00
	Real estate taxes	20b.		0.00
	Property, homeowner's, or renter's insurance	20c.	· -	0.00
	Maintenance, repair, and upkeep expenses	20d.		0.00
	Homeowner's association or condominium dues	20e.	·	0.00
Oth	er: Specify: Wife's unsecured debt payments	21.		600.00
Pet	expenses		+\$	150.00
Cal	ulate your menthly expenses	_		
	culate your monthly expenses		•	E 000 00
	Add lines 4 through 21.		\$	5,606.00
22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c.	Add line 22a and 22b. The result is your monthly expenses.		\$	5,606.00
0-1	udata varin maanthii mat ina ama			
	culate your monthly net income.		•	
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	*	5,611.88
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	5,606.00
				
	Subtract your monthly expenses from your monthly income.		\$	5.88
23c.				5.88
23c.	The result is your monthly net income.	23c.	Ψ	
. Do y		ou file this	form?	e or decrease because o
. Do y	The result is your <i>monthly net income</i> . You expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect you fication to the terms of your mortgage?	ou file this	form?	e or decrease because o

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	mation to identify your					
Debtor 1	Mohamad Hilal K First Name	ASSASSIT Middle Name	La	st Name		
Debtor 2	· iiot · taiiio	madio Hamo		or rume		
(Spouse if, filing)	First Name	Middle Name	La	st Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH	H CAROLINA			
Case number						
(if known)						☐ Check if this is an amended filing
Official Form	<u>m 106Dec</u> tion About a	ın Individua	l Debt	or's Sche	dules	12/15
	18 U.S.C. §§ 152, 1341, 1	519, and 3571.				
	ay or agree to pay some	one who is NOT an atte	orney to hel	you fill out bankru	ptcy forms?	
■ No						
☐ Yes. I	Name of person					uptcy Petition Preparer's Notice, nd Signature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the su	mmary and	schedules filed with	this declaration	and
X /s/ Mol	hamad Hilal Kassass	ir	х			
Mohar	nad Hilal Kassassir ire of Debtor 1	••	^	Signature of Debtor	r 2	
Date	July 25, 2018			Date		

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Fill	in this inform	nation to identify you	case:						
Deb	otor 1	Mohamad Hilal F	Kassassir Middle Name	Last Name					
Deb	otor 2								
(Spo	use if, filing)	First Name	Middle Name	Last Name					
Uni	ted States Bar	kruptcy Court for the:	DISTRICT OF SOUTH CA	AROLINA					
Cas	se number								
(if kn	nown)				_	heck if this is an mended filing			
					a	mended niing			
Οŧ	£: -: - 1	107							
	<u>ficial For</u>		A (() () () () ()		1				
Sta	atement	of Financial	Attairs for Individ	duals Filing for B	ankruptcy	4/16			
					equally responsible for sup				
). Answer every ques	•	uns form. On the top of any	additional pages, write you	ii iiaiiie aiiu case			
Par	t 1: Give D	etails About Your Ma	rital Status and Where You	Lived Before					
1	<u> </u>	current marital statu							
••	Wilat is your	Current mantai statu	is:						
	Married								
		ried							
2.	During the la	st 3 years, have you	lived anywhere other than	where you live now?					
	■ No								
	_	ist all of the places you lived in the last 3 years. Do not include where you live now.							
	Debtor 1 Pri	or Address:	Dates Debtor 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2			
			lived there			lived there			
3.					ity property state or territory				
state	es and territorie	es include Arizona, Ca	lifornia, Idaho, Louisiana, Ne	vada, New Mexico, Puerto Ri	co, Texas, Washington and W	/isconsin.)			
	■ No								
	☐ Yes. Ma	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	fficial Form 106H).					
Par	t 2 Evolaiı	n the Sources of You	r Income						
ı aı	LXPIAII	Title Cources of Tou	i ilicome						
4.					ear or the two previous caler	ndar years?			
				all businesses, including part- e together, list it only once un					
	□ No								
	_ 110	in the details.							
	100.1	in the detaile.							
			Debtor 1	One are imposited	Debtor 2	One as in a sure			
			Sources of income Check all that apply.	Gross income (before deductions and	Sources of income Check all that apply.	Gross income (before deductions			
				exclusions)		and exclusions)			
		of current year until	■ Wages, commissions,	\$26,390.98	■ Wages, commissions,	\$24,546.34			
tne	uate you filed	d for bankruptcy:	bonuses, tips		bonuses, tips				
			☐ Operating a business		☐ Operating a business				

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Case number (if known) Document

Debtor 1 Mohamad Hilal Kassassir

	Debtor 1		Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
	☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips		
	Operating a business		☐ Operating a business		
For last calendar year: (January 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips	\$37,645.00	■ Wages, commissions, bonuses, tips	\$42,540.00	
	☐ Operating a business		☐ Operating a business		
	☐ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips		
	Operating a business		☐ Operating a business		
For the calendar year before that: (January 1 to December 31, 2016)	■ Wages, commissions, bonuses, tips	\$31,416.00	■ Wages, commissions, bonuses, tips	\$42,305.00	
	☐ Operating a business		☐ Operating a business		
	☐ Wages, commissions, bonuses, tips	\$1,860.00	☐ Wages, commissions, bonuses, tips		
	Operating a business		☐ Operating a business		

Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

☐ No

Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Rental Income (gross receipts)	\$5,800.00		
	Federal and state income tax refunds for 2017	\$2,332.00		
For last calendar year: (January 1 to December 31, 2017)	Rental Income (gross receipts)	\$17,400.00		
	Federal and state income tax refunds for 2016	\$2,287.00		
For the calendar year before that: (January 1 to December 31, 2016)	Rental Income (gross receipts)	\$17,200.00		

Entered 07/25/18 16:40:04 Desc Main Case 18-03734-hb Doc 1 Filed 07/25/18 Page 36 of 63 Document ase number (if known) Debtor 1 Mohamad Hilal Kassassir Debtor 1 Debtor 2 Sources of income Gross income from Sources of income Gross income (before deductions Describe below. each source Describe below. (before deductions and and exclusions) exclusions) Federal and state \$1,803.00 income tax refunds for 2015 Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. **Creditor's Name and Address Dates of payment** Total amount Amount you Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an

Include payments on debts guaranteed or cosigned by an insider.

☐ Yes. List all payments to an insider

Total amount **Insider's Name and Address** Amount you Reason for this payment Dates of payment Include creditor's name paid still owe

Identify Legal Actions, Repossessions, and Foreclosures

Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

Yes. Fill in the details.

Status of the case Case title Nature of the case Court or agency Case number

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Case number (if known) Document

Debtor 1 Mohamad Hilal Kassassir

	Case title Case number	Nature of the case	Court or agency	Status of the	ne case
	Macwalters v. Lowe's Home Centers, LLC v Amanda's Lawn Service, et al 2015 L 1108	Personal injury/negligence	Circuit Court DuPage County, Illinois 421 N. County Farm Rd Wheaton, IL 60187	■ Pending □ On appe □ Conclud	eal
10.	Within 1 year before you filed for bankru Check all that apply and fill in the details be No. Go to line 11. Yes. Fill in the information below.		erty repossessed, foreclosed,	garnished, attache	d, seized, or levied?
	Creditor Name and Address	Describe the Property Explain what happened	1	Date	Value of the property
11.	Within 90 days before you filed for bank accounts or refuse to make a payment b No Yes. Fill in the details.		luding a bank or financial inst	titution, set off any	amounts from your
	Creditor Name and Address	Describe the action the	creditor took	Date action was taken	Amount
Par 13.	Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift.	ns ruptcy, did you give any gifts	s with a total value of more th		
	Gifts with a total value of more than \$60 per person Person to Whom You Gave the Gift and Address:	, and the second		Dates you gave the gifts	Value
14.	Within 2 years before you filed for banks No Yes. Fill in the details for each gift or c Gifts or contributions to charities that	contribution.		value of more than	\$600 to any charity?
	more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod	·	. communica	contributed	value
Par	List Certain Losses				
15.	Within 1 year before you filed for bankru or gambling? No Yes. Fill in the details.	uptcy or since you filed for b	ankruptcy, did you lose anyth	ning because of the	ft, fire, other disaster,
	Describe the property you lost and how the loss occurred	Describe any insurance co Include the amount that insu insurance claims on line 33 of	rance has paid. List pending	Date of your loss	Value of property lost

Debtor 1 Mohamad Hilal Kassassir

Part 7:	List Certain F	Payments or	Transfers

Pal	List Certain Payments or Transfers					
16.	6. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.					
	□ No					
	Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and v transferred	alue of any propei	rty	Date payment or transfer was made	Amount of payment
	Farmer & Morris Law, PLLC PO Box 632 Rutherfordton, NC 28139	ox 632 Filing Fees: \$335.00				\$1,535.00
17.	Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors. Do not include any payment or transfer that you list	or to make payments			r transfer any propei	rty to anyone who
	■ No □ Yes. Fill in the details.					
	Person Who Was Paid Address	Description and v transferred	alue of any prope	erty Date payment or transfer was made		Amount of payment
Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. No						
	Yes. Fill in the details. Person Who Received Transfer Address	Description and v property transferr		Describe any property or payments received or debts paid in exchange Traded in towards purchase of debtor's current vehicle, 2006 Nissan		Date transfer was made
	Person's relationship to you Billy Cain Ford 4191 Maysville Rd Commerce, GA 30529 No relation	2003 Toyota Tu Mileage: 120,000				May 10, 2018
19.	 9. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No 					
	☐ Yes. Fill in the details.					
	Name of trust	Description and v	alue of the proper	ty transferre	ed	Date Transfer was made
Par	tt 8: List of Certain Financial Accounts, Instru	uments, Safe Deposit	Boxes, and Stora	ge Units		
20.	 Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No 					
	Yes. Fill in the details.					
		ast 4 digits of ccount number	Type of account instrument	clos	e account was sed, sold, ved, or nsferred	Last balance before closing or transfer

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Case number (if known) Document Debtor 1 Mohamad Hilal Kassassir Name of Financial Institution and Last 4 digits of Type of account or Date account was Last balance Address (Number, Street, City, State and ZIP account number instrument closed, sold, before closing or Code) moved, or transfer transferred **Chase Bank** XXXX-Unk March 2018 \$0.00 Checking 5170 Windward Pkwy □ Savings Alpharetta, GA 30004 ☐ Money Market ☐ Brokerage Other 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details. Name of Financial Institution Who else had access to it? Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, have it? State and ZIP Code) 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. Name of Storage Facility Who else has or had access Describe the contents Do you still Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Identify Property You Hold or Control for Someone Else 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. No Yes. Fill in the details. Owner's Name Where is the property? Describe the property Value (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? ☐ Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it ZIP Code)

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Doc 1

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Debtor 1 Mohamad Hilal Kassassir

25.	Have you notified any governmental unit of	any release of hazardous material?							
	No								
	Yes. Fill in the details.								
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		ntal law, if you	Date of notice				
26.	Have you been a party in any judicial or adn	ninistrative proceeding under any envi	ronmental law?	Include settlements a	and orders.				
	■ No □ Yes. Fill in the details.								
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the c	ease	Status of the case				
Par	11: Give Details About Your Business or	Connections to Any Business							
27.	Within 4 years before you filed for bankrupt	cy, did you own a business or have an	y of the following	ng connections to any	business?				
	A sole proprietor or self-employed i	n a trade, profession, or other activity,	either full-time	or part-time					
	☐ A member of a limited liability comp	any (LLC) or limited liability partnershi	ip (LLP)						
	☐ A partner in a partnership								
	☐ An officer, director, or managing executive of a corporation								
	☐ An owner of at least 5% of the voting	of at least 5% of the voting or equity securities of a corporation							
	■ No. None of the above applies. Go to F	Part 12.							
	Yes. Check all that apply above and fill	in the details below for each business	i .						
	Business Name Address	Describe the nature of the business		Employer Identification number Do not include Social Security number or ITIN.					
	(Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Dates bus	Dates business existed					
	Mohamad Hilal Kassassir	Grass cutting/lawn maintenance	EIN:	xx5862					
	111 Hickory Knob Lane Wellford, SC 29385	Debtor	From-To	Jan 2016 - Dec 2016					
	Mohamad Hilal Kassassir	Rental of condominium unit in	EIN:	xx5862					
	111 Hickory Knob Lane Wellford, SC 29385	Wheaton, Illinois	From-To	Sept 2014 - April 2018					
	,	Debtor							
	MRWH Lawncare 1641 Timber Tail	Grass cutting	EIN:	xx5862					
	Wheaton, IL 60189	Debtor	From-To	June 2006 - Sept. 2	2014				
28.	Within 2 years before you filed for bankrupt institutions, creditors, or other parties.	cy, did you give a financial statement t	o anyone about	your business? Inclu	de all financial				
	■ No □ Yes. Fill in the details below.								
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued							
	, , , , , , , , , , , , , , , , , , , ,								

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Debtor 1 Mohamad Hilal Kassassir

Part 12: Sign Below		
are true and correct. I understand that maki	Financial Affairs and any attachments, and I declare under penalty of perjuring a false statement, concealing property, or obtaining money or property by to \$250,000, or imprisonment for up to 20 years, or both.	•
/s/ Mohamad Hilal Kassassir		
Mohamad Hilal Kassassir Signature of Debtor 1	Signature of Debtor 2	
Date _July 25, 2018	Date	
Did you attach additional pages to Your State ■ No Yes	ement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form	ı 107)?
Did you pay or agree to pay someone who is ■ No	not an attorney to help you fill out bankruptcy forms?	

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this information to identify your case:					
Debtor 1					
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF SOUTH (CAROLINA		
Case number (if known)				☐ Check if this is an	
				amended filing	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

 For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's Mr. Cooper	■ Surrender the property.	■ No
name:	Retain the property and redeem it.	— NO
Description of 1641 Timber Trail Wheaton, IL	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property 60189 DuPage County securing debt:	☐ Retain the property and [explain]:	
Creditor's Specialized Loan Servicing, LLC	■ Surrender the property.	■ No
name:	☐ Retain the property and redeem it.	_
Description of 1641 Timber Trail Wheaton, IL	☐ Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property 60189 DuPage County securing debt:	☐ Retain the property and [explain]:	

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

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Debtor 1 Mohamad Hilal Kassassir	Case number (if known)
Lessor's name: Description of leased Property:	□ No
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No
Lessor's name: Description of leased Property:	□ No
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about property that is subject to an unexpired lease.	It any property of my estate that secures a debt and any personal
X /s/ Mohamad Hilal Kassassir Mohamad Hilal Kassassir Signature of Debtor 1	Signature of Debtor 2
Date July 25, 2018 Da	ate

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Fill in this infor	mation to identify your case:				only as d	irected in	this form and i	n Form
Debtor 1	Mohamad Hilal Kassassir		122	2A-1Supp:				
Debtor 2				☐ 1. There	is no pres	umption o	f abuse	
(Spouse, if filing)		-		2 The ca	lculation t	o determi	ne if a presump	ntion of abuse
United States	Bankruptcy Court for the: District of South C	arolina		applie	s will be r	nade unde	er Chapter 7 M	
Case number				Calcu	lation (Off	icial Form	122A-2).	
(if known)							apply now becout it could app	
				☐ Check i	f this is a	n amend	led filing	
Official F	<u>form 122A - 1</u>							
Chapter	7 Statement of Your Cui	rent Mor	ithly Inc	ome				12/1
attach a separat case number (if qualifying milita	and accurate as possible. If two married people e sheet to this form. Include the line number to we known). If you believe that you are exempted frory service, complete and file Statement of Exempted.	vhich the addition m a presumption	al information a of abuse becau	applies. On the	ne top of a ot have pri	ny additior narily cons	nal pages, write sumer debts or	your name and because of
	alculate Your Current Monthly Income							
	your marital and filing status? Check one or	nly.						
	parried. Fill out Column A, lines 2-11.							
_	ed and your spouse is filing with you. Fill or			2-11.				
■ Marri	ed and your spouse is NOT filing with you.	You and your s	pouse are:					
Liv	ing in the same household and are not lega	ally separated. F	Fill out both Co	lumns A and	B, lines	2-11.		
pe	ing separately or are legally separated. Fill nalty of perjury that you and your spouse are I ng apart for reasons that do not include evadin	egally separated	under nonban	kruptcy law	that appli	es or that		
101(10A). Fo the 6 months	erage monthly income that you received from all r example, if you are filing on September 15, the 6-m, add the income for all 6 months and divide the total the same rental property, put the income from that p	nonth period would I by 6. Fill in the res	be March 1 throught. Do not include	ugh August 31 de any income	. If the ame amount m	ount of your ore than or	monthly income nce. For example	varied during , if both
				Column A Debtor 1		Column Debtor non-fili		
	ess wages, salary, tips, bonuses, overtime, eductions).	and commission	ons (before all	\$3,	797.59	\$	3,804.26	
	and maintenance payments. Do not include 3 is filled in.	payments from	a spouse if	\$	0.00	\$	0.00	
of you or from an u and room	Ints from any source which are regularly par r your dependents, including child support Inmarried partner, members of your household Inmates. Include regular contributions from a sp Do not include payments you listed on line 3.	 Include regular your depender 	contributions nts, parents,	\$	0.00	\$	0.00	
5. Net inco	me from operating a business, profession,							
_			tor 1					
	ceipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>						
•	and necessary operating expenses		Copy here ->	\$	0.00	\$	0.00	
	hly income from a business, profession, or far me from rental and other real property	m \$	copy more >	ч		Ψ		
J. NEL IIICO	mo nom remai and other real property	Deb	tor 1					
Gross red	ceipts (before all deductions)	\$ 0.00						
	and necessary operating expenses	-\$ 0.00						
•	hly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	0.00	
7 Interest	dividends and royalties			\$	0.00	\$	0.00	

Official Form 122A-1

7. Interest, dividends, and royalties

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Mohamad Hilal Kassassir

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Case number (if known)

				Column A Debtor 1		Column E Debtor 2 non-filing	or
8.	Unemployment compensation			\$	0.00	\$	0.00
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	received was a bene	efit under				
	For you\$	0	.00				
	For your spouse \$.00				
	Pension or retirement income. Do not include any ambenefit under the Social Security Act.			\$	0.00	\$	0.00
10.	Income from all other sources not listed above. Spec Do not include any benefits received under the Social Screceived as a victim of a war crime, a crime against hum domestic terrorism. If necessary, list other sources on a total below.	ecurity Act or payme nanity, or internationa separate page and p	nts al or	\$	0.00	\$ \$	0.00
	Total amounts from separate pages, if any.			\$	0.00	\$ \$	0.00
			+	Ψ	0.00	Ψ	
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total		\$	3,797.59	+ \$ _	3,804.26	= \$7,601.85
Part	2: Determine Whether the Means Test Applies to	You					Total current monthly income
12.	Calculate your current monthly income for the year.	Follow these steps:					
	12a. Copy your total current monthly income from line 1	1		Сору	line 11	here=>	\$7,601.85_
	Multiply by 12 (the number of months in a year)						x 12
	12b. The result is your annual income for this part of the	form				12	2b. \$ 91,222.20
13.	Calculate the median family income that applies to y	ou. Follow these ste	ps:				
	Fill in the state in which you live.	SC					
	Fill in the number of people in your household.	4					
	Fill in the median family income for your state and size of	of household.				. 13	3. \$ 77,564.00
	To find a list of applicable median income amounts, go of for this form. This list may also be available at the bankr		specified	in the separa	te instruc	ctions	
14.	How do the lines compare?						
	14a. Line 12b is less than or equal to line 13. On Go to Part 3.	the top of page 1, c	heck box	1, There is n	o presun	nption of abu	use.
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A-2.	f page 1, check box 2	2, The pre	esumption of	abuse is	determined	by Form 122A-2.
Part							
	By signing here, I declare under penalty of perjury t	that the information of	on this sta	tement and i	n any att	achments is	true and correct.
	X /s/ Mohamad Hilal Kassassir						
	Mohamad Hilal Kassassir Signature of Debtor 1						
	Date _ July 25, 2018						
	MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form	122Δ-2					
	If you checked line 14a, do NOT his out of life Form If you checked line 14b, fill out Form 122A-2 and fil						

Debtor 1

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Fill in this information to identify your case:					
Debtor 1 Mohamad Hilal Kassassir					
Debtor 2 (Spouse, if filing	1)				
United States Bankruptcy Court for the: District of South Carolina					
Case number(if known)					

Check the appropriate box a lines 40 or 42:	as directed in
According to the calculations Statement:	required by this
■ 1. There is no presumption	n of abuse.
☐ 2. There is a presumption	of abuse.

☐ Check if this is an amended filing

Official Form 122A - 2

Chapter 7 Means Test Calculation

04/16

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Part 1:	Determine Your Adjusted Income					
l. Copy y	our total current monthly income. Copy line	11 from Offi	cial Form 122	A-1 here=>	\$	7,601.85
□ No.						
On line expense	your current monthly income by subtracting any part of you hold expenses of you or your dependents. Follow these step 11, Column B of Form 122A–1, was any amount of the income es of you or your dependents? Fill in 0 for the total on line 3. Fill in the information below:	s: ·			ed for the ho	usehold
F	State each purpose for which the income was used For example, the income is used to pay your spouse's tax debt outport other than you or your dependents.	_{r to} are	in the amoun subtracting four spouse's in	rom		
	Spouse's retirement contribution and loan repayment	\$	424.90			
	Spouse's vehicle loan payment	\$	600.00	-		
	Spouse's unsecured debt repayment	\$	600.00			
	Total.	\$	1,624.90	Copy total here=	=> - \$	1,624.90
1. Adjust	your current monthly income. Subtract line 3 from line 1.				\$	5,976.95

Official Form 122A-2

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Debtor 1 Mohamad Hilal Kassassir Case number (if known)

Part 2: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted fro your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1.

If your expenses differ from month to month, enter the average expense.

Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

4

National Standards

You must use the IRS National Standards to answer the questions in lines 6-7.

6. **Food, clothing, and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

1,694.00

7. **Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age

- 7a. Out-of-pocket health care allowance per person \$ 52
- 7b. Number of people who are under 65 X 4
- 7c. Subtotal. Multiply line 7a by line 7b. \$ 208.00 Copy here=> \$ 208.00

People who are 65 years of age or older

- 7d. Out-of-pocket health care allowance per person \$ 114
- 7e. Number of people who are 65 or older X 0
- 7f. **Subtotal.** Multiply line 7d by line 7e. \$ ______**0.00 Copy here=> +\$** _____**0.00**

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Mohamad Hilal Kassassir Debtor 1

Case number (if known)

Loc	al Sta	andards	You must	use the IRS Loc	cal Standards to a	nswer the qu	estions in line	es 8-15.					
			ation from t oses into tw		S. Trustee Progra	m has divid	ed the IRS L	ocal Stand	dard for	housin	g for		
	łousi	ng and u	ıtilities - Ins	urance and op	erating expenses	s							
_		_		rtgage or rent									
To a	nsw	er the qu	estions in I	ines 8-9, use th	ne U.S. Trustee P	rogram cha	rt.						
					ified in the separa ptcy clerk's office.		s for this forn	n.					
8.					pperating expense for insurance and						5, fill \$		626.00
9.	Hou	sing and	l utilities - N	Nortgage or ren	nt expenses:								
	9a.				ered in line 5, fill in rent expenses				\$	g	54.00		
9b. Total average monthly payment for all mortgages and other debts secured by your home.													
		contracti	ually due to		nly payment, add a reditor in the 60 m								
		Name of	the creditor			Average payment	•						
		-NONE	-			\$							
				Total average m	nonthly payment	\$	0.00	Copy here=>	-\$		0.00	Repeat this amount on line 33a.	
	9c.	Net mort	tgage or ren	t expense.									
					thly payment) from ss than \$0, enter			\$	9	54.00	Copy here=>	\$	954.00
10.					ram's division of v expenses, fill in					orrect a	and	\$	52.00
	Ex	plain why	: Debtor'	s actual mort	gage payment	amount							
11.	Loc	al transp	ortation ex	penses: Check	the number of vel	hicles for whi	ch you claim	an ownersl	hip or op	erating	expense.		
	□ o	. Go to lir	ne 14.										
	□ 1	. Go to lir	ne 12.										
	2	or more.	Go to line 1	2.									
12.					RS Local Standar Costs that apply fo							\$	392.00

392.00

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Debtor 1 Mohamad Hilal Kassassir Case number (if known)

13.	You may	ownership or lease expense: Using the IRS Local so not claim the expense if you do not make any loan on two vehicles.	Standards, calculate the or lease payments on the	net ownership e vehicle. In ad	or lease e dition, you	expense for each vehi u may not claim the ex	cle below. xpense for
Ve	hicle 1	Describe Vehicle 1:					
13a.	Ownersh	nip or leasing costs using IRS Local Standard		\$	0.00		
13b.	•	monthly payment for all debts secured by Vehicle 1. aclude costs for leased vehicles.					
	are cont	late the average monthly payment here and on line 1 actually due to each secured creditor in the 60 month cy. Then divide by 60.		t			
	Naı	ne of each creditor for Vehicle 1	Average monthly payment				
	-NO	DNE-	\$				
		Total Average Monthly Payment	\$0.00	Copy here => -\$	(Repeat this amount on line 33b.	
13c.		cle 1 ownership or lease expense line 13b from line 13a. if this amount is less than \$0,	enter \$0.	\$	0.00	Copy net Vehicle 1 expense here => \$	0.00
Ve	hicle 2	Describe Vehicle 2:					
13d.	Ownersh	nip or leasing costs using IRS Local Standard		\$	0.00		
13e.	Average leased v	monthly payment for all debts secured by Vehicle 2. ehicles.	Do not include costs for				
	Naı	ne of each creditor for Vehicle 2	Average monthly payment				
	-NO	DNE-	\$				
		Total Average Monthly Payment	\$0.00	Copy here => -\$	0.0	Repeat this amount on line 33c.	
13f.		cle 2 ownership or lease expense line 13e from line 13d. if this amount is less than \$0,	enter \$0	\$	0.00	Copy net Vehicle 2 expense here => \$	0.00
14.		ransportation expense: If you claimed 0 vehicles in rtation expense allowance regardless of whether you			, fill in the	Public \$	0.00
15.	also ded	nal public transportation expense: If you claimed 1 uct a public transportation expense, you may fill in what more than the IRS Local Standard for <i>Public Transp</i>	hat you believe is the ap				0.00

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Debtor 1 Mohamad Hilal Kassassir Case number (if known)

Other Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories. 16. Taxes: The total monthly amount that you will actually owe for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include primums of life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: ■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments or any elementary or secondary school education. 22. Additional health care					
self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. 17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. \$ 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. \$ 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more t	Oth	er Necessary Expenses		for	
17. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: a as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone ser	16.	self-employment taxes, soo your pay for these taxes. H	ial security taxes, and Medicare taxes. You may include the monthly amount withheld from owever, if you expect to receive a tax refund, you must divide the expected refund by 12		
contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. 18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 10. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. \$		Do not include real estate,	sales, or use taxes.	\$	1,121.37
18. Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filling together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. \$	17.	_			
filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. 19. Court-ordered payments: The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$\text{		Do not include amounts that	at are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	0.00
administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. \$	18.	filing together, include payr insurance on your depende	nents that you make for your spouse's term life insurance. Do not include premiums for life	\$	0.00
 Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$ 	19.				
■ as a condition for your job, or ■ for your physically or mentally challenged dependent child if no public education is available for similar services. \$		Do not include payments or	n past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
21. Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. \$	20.	_			
Do not include payments for any elementary or secondary school education. \$		for your physically or me	entally challenged dependent child if no public education is available for similar services.	\$	0.00
that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. \$	21.			\$	867.00
23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$	22.	that is required for the healt	th and welfare of you or your dependents and that is not reimbursed by insurance or paid		
for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$		Payments for health insura	nce or health savings accounts should be listed only in line 25.	\$	0.00
expenses, such as those reported on line 5 of Official Form 122A-1, or any amount you previously deducted. +\$	23.	for you and your dependent phone service, to the exten	ts, such as pagers, call waiting, caller identification, special long distance, or business cell t necessary for your health and welfare or that of your dependents or for the production of		
24. Add all of the expenses anowal and the interest allowances.				+\$	75.00
	24.	•	llowed under the IRS expense allowances.	\$	5,989.37

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Mohamad Hilal Kassassir

Case number (if known)

Add	Additional Expense Deductions These are additional deductions allowed by the Means Test.						
		Note: Do not include	any exper	nse allowances	listed in lines 6-24.		
25.	insurar	insurance, disability insurance, and health nce, disability insurance, and health savings ac ependents.				r	
	Health	insurance	\$	115.07			
	Disabil	lity insurance	\$	29.96			
	Health	savings account	+ \$	0.00			
	Total		\$	145.03	Copy total here=>	\$	145.03
	Do you	actually spend this total amount?			-		
		No. How much do you actually spend?	\$				
00		Yes	· —				
26.	continu	nued contributions to the care of household ue to pay for the reasonable and necessary car ousehold or member of your immediate family ve e contributions to an account of a qualified ABL	e and supp vho is unat	oort of an elderl ole to pay for su	y, chronically ill, or disabled member of uch expenses. These expenses may	\$	0.00
27.	Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply.						
	By law	, the court must keep the nature of these exper	ses confid	ential		\$	0.00
28.	Additi	onal home energy costs. Your home energy o			insurance and operating expenses on		
	line 8.						
		pelieve that you have home energy costs that a fill in the excess amount of home energy costs		an the home er	nergy costs included in expenses on line		
		ust give your case trustee documentation of yout claimed is reasonable and necessary.	ur actual e	xpenses, and y	ou must show that the additional	\$	0.00
29.	\$160.4	tion expenses for dependent children who a 12* per child) that you pay for your dependent c elementary or secondary school.					
		ust give your case trustee documentation of yo d is reasonable and necessary and not already					
	* Subje	ect to adjustment on 4/01/19, and every 3 years	after that	for cases begu	n on or after the date of adjustment.	\$	100.00
30.	higher	onal food and clothing expense. The monthly than the combined food and clothing allowance % of the food and clothing allowances in the IR	s in the IR	S National Star			
		I a chart showing the maximum additional allow tions for this form. This chart may also be avail					
	You m	ust show that the additional amount claimed is	reasonable	e and necessar	у.	\$	0.00
31.		nuing charitable contributions. The amount the nents to a religious or charitable organization.			ntribute in the form of cash or financial	+\$	0.00
32.		Il of the additional expense deductions. nes 25 through 31.				\$	245.03

Debtor 1

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Debtor 1 Mohamad Hilal Kassassir Case number (if known)

Dedu	ctions for Debt Payment						
	or debts that are secured by an inter- pans, and other secured debt, fill in li	est in property that you own, including hom nes 33a through 33e	ne mort	gages, vehicle			
T	·	ayment, add all amounts that are contractually	due to e	each secured			
	Mortgages on your home:					verage monthly	
33a.	Copy line 9b here			=>	> \$	0.0)0
	Loans on your first two vehicles:						
33b.	Copy line 13b here			=	> \$	0.0)0
33c.					> \$	0.0)0
33d.	List other secured debts:						
Name	of each creditor for other secured debt	Identify property that secures the debt		Does payment include taxes or insurance?	r		
				□ No			
	-NONE-			☐ Yes	\$		
		_			Φ.		—
				□ No			
				☐ Yes	\$		
				□ No			
					•		
				_ □ Yes	+\$		
					Сору		
33e.	Total average monthly payment. Add I	ines 33a through 33d	\$	0.00	total here=>	\$ 0.	.00
0		secured by your primary residence, a vehi- upport or the support of your dependents?					
		at pay to a creditor, in addition to the payments asion of your property (called the cure amount) is information below.					
Nam	e of the creditor	Identify property that secures the debt		Total cure amount		Monthly cure amount	
-NC	DNE-		9	÷	60 = \$		
		Tot	al \$	0.00	Copy total here=>	\$	0.0
	a vau awa any priority alaima ayah a	s a priority tax, child support, or alimony - 1	that				
	re past due as of the filing date of yo	ur bankruptcy case? 11 U.S.C. § 507.					
	re past due as of the filing date of yo	ur bankruptcy case? 11 U.S.C. § 507.					
aı	re past due as of the filing date of yo No. Go to line 36.	these priority claims. Do not include current or					

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ebtor 1	Moh	amad Hilal Kassassir		Ca	se nu	umber (<i>if known</i>)				
Fo	or more	eligible to file a case under Chapter 13? 11 U.S.C. § 7 information, go online using the link for Bankruptcy Basins for this form. Bankruptcy Basics may also be available	ics specified							
	No.	Go to line 37.								
	Yes.	Fill in the following information.								
		Projected monthly plan payment if you were filing unde	r Chapter 13	3	\$	10	00.00			
		Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for di and North Carolina) or by the Executive Office for Unite (for all other districts).	stricts in Ala	abama	X	8.90) 	ı		
		To find a list of district multipliers that includes your district the link specified in the separate instructions for this for be available at the bankruptcy clerk's office.						Copy tota	al al	
		Average monthly administrative expense if you were fill	ing under Cl	napter 13		\$8.	90	here=>		8.90
		of the deductions for debt payment. es 33e through 36.							\$	8.90
Total	Deduc	tions from Income								
38. A	dd all c	of the allowed deductions.								
		ne 24, All of the expenses allowed under IRS e allowances	\$	5,989.3	7					
	•	e allowances ne 32, All of the additional expense deductions	\$	245.0	3					
		ne 37, All of the deductions for debt payment	+\$	8.9	_					
	,,									
		Total deductions	\$	6,243.3	0	Copy total	here	=>	\$	6,243.30
art 3:	Det	termine Whether There is a Presumption of Abuse								
39. C	alculate	e monthly disposable income for 60 months								
3	39a. Co	py line 4, adjusted current monthly income	\$	5,976.9	5_					
3	39b. Co	py line 38, <i>Total deduction</i> s	-\$	6,243.3	0_					
3		onthly disposable income. 11 U.S.C. § 707(b)(2). obtract line 39b from line 39a	\$	-266.3	5_	Copy here=>\$		-26	6.35	
F	or the	next 60 months (5 years)					x 60	_		
3	39d. To	otal. Multiply line 39c by 60	39d.	\$	-15	5,981.00	Copy here=	> \$		15,981.00
40. Fi	ind out	whether there is a presumption of abuse. Check the	box that app	olies:			ĺ			
	The I	line 39d is less than \$7,700*. On the top of page 1 of the	is form, che	ck box 1, Th	ere	is no presur	nption	of abuse	Go to F	Part 5.
		line 39d is more than \$12,850*. On the top of page 1 of 4 if you claim special circumstances. Go to Part 5.	this form, c	heck box 2,	The	ere is a presu	ımptioı	n of abus	e. You m	nay fill out
] The I	line 39d is at least \$7,700*, but not more than \$12,850)*. Go to line	2 41.						
*0	Subject	to adjustment on 4/01/19, and every 3 years after that for	r casos filos	l on or after	tha	date of adjus	etmant			

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Mohamad Hilal Kassassir Case number (if known)

41. 4	l1a.	Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.	\$.25		
4	l1b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(I) Multiply line 41a by 0.25	\$		Copy here=>	\$
25%	of y	ne whether the income you have left over after subtracting all allowed dedu our unsecured, nonpriority debt. e box that applies:	ctions is	enough to p	ay	
		39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>There</i> Part 5.	is no pre	esumption of a	buse.	
		39d is equal to or more than line 41b. On the top of page 1 of this form, check amption of abuse. You may fill out Part 4 if you claim special circumstances. There				
Part 4:	Giv	e Details About Special Circumstances				
		e any special circumstances that justify additional expenses or adjustmen alternative? 11 U.S.C. \S 707(b)(2)(B).	ts of curi	rent monthly	income fo	or which there is no
■ No.	Go	to Part 5.				
☐ Yes		in the following information. All figures should reflect your average monthly expense. You may include expenses you listed in line 25.	ense or in	come adjustm	nent for ea	ach
	ne	u must give a detailed explanation of the special circumstances that make the excessary and reasonable. You must also give your case trustee documentation of ustments.				
	G			onthly expen adjustment	se	
			5			
			5			
	_					
Part 5:		n Below gning here, I declare under penalty of perjury that the information on this stateme	nt and in	any attachme	ante ie true	and correct
			and in	any attachine	into io truc	and correct.
Х	Mo	Mohamad Hilal Kassassir phamad Hilal Kassassir phature of Debtor 1				
Date	Ju	ly 25, 2018				
	MN	I/DD /YYYY				

Debtor 1

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Debtor 1 Mohamad Hilal Kassassir

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2018 to 06/30/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: BMW Manufactoring Co, LLC

Income by Month:

6 Months Ago:	01/2018	\$2,848.85
5 Months Ago:	02/2018	\$2,883.85
4 Months Ago:	03/2018	\$8,269.21
3 Months Ago:	04/2018	\$2,743.55
2 Months Ago:	05/2018	\$2,444.11
Last Month:	06/2018	\$3,595.97
	Average per month:	\$3,797,59

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Debtor 1 Mohamad Hilal Kassassir Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period **01/01/2018** to **06/30/2018**.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: International Plastics

Income by Month:

6 Months Ago:	01/2018	\$3,908.81
5 Months Ago:	02/2018	\$4,341.71
4 Months Ago:	03/2018	\$3,691.60
3 Months Ago:	04/2018	\$3,613.68
2 Months Ago:	05/2018	\$3,610.46
Last Month:	06/2018	\$3,659.28
	Average per month:	\$3,804.26

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-03734-hb Doc 1 Filed 07/25/18 Entered 07/25/18 16:40:04 Desc Main Document Page 61 of 63

B2030 (Form 2030) (12/15)

United States Bankruptcy Court District of South Carolina

In	re Mohamad Hilal Kassassir		Case No.				
		Debtor(s)	Chapter	7			
	DISCLOSURE OF COMPE	NSATION OF ATTOR	NEY FOR D	EBTOR(S)			
1.	compensation paid to me within one year before the filin	(b), I certify that I am the attorney for the above named debtor(s) and that ng of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to of or in connection with the bankruptcy case is as follows:					
	For legal services, I have agreed to accept		\$	1,200.00			
	Prior to the filing of this statement I have received			1,200.00			
	Balance Due		. \$	0.00			
2.	The source of the compensation paid to me was:						
	■ Debtor □ Other (specify):						
3.	The source of compensation to be paid to me is:						
	■ Debtor □ Other (specify):						
4.	■ I have not agreed to share the above-disclosed comp	pensation with any other person ur	nless they are men	abers and associates of my law firm.			
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.							
5.	In return for the above-disclosed fee, I have agreed to re	rn for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods. 						
6.	By agreement with the debtor(s), the above-disclosed fee does not include the following service: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.						
		CERTIFICATION					
this	I certify that the foregoing is a complete statement of an bankruptcy proceeding.	y agreement or arrangement for p	ayment to me for	representation of the debtor(s) in			
	July 25, 2018	/s/ Caleb J. Farmer					
	Date	Caleb J. Farmer 10 Signature of Attorney	818				
		Farmer & Morris La	aw, PLLC				
		PO Box 632 Rutherfordton, NC	28120				
		(828) 286-3866 Fa	x: (828) 286-482	0			
<u>cfarmer@farmerlegal.com</u> Name of law firm							
		rume oj iaw jirm					

LOCAL OFFICIAL FORM 1007-1(b) TO SC LBR 1007-1

United States Bankruptcy Court District of South Carolina

In re	Mohamad Hilal Kassassir		Case No.	Case No.		
		Debtor(s)	Chapter	7		
	CER	TIFICATION VERIFYING CRE	DITOR MATRIX			
CM/EC	ptcy Rule 1007-1 that the macEF, or conventionally filed in	or attorney for the debtor if applicable, aster mailing list of creditors submitted a typed hard copy scannable format w statements and lists which are being filed a	either on computer di hich has been compa	skette, electronically filed via red to, and contains identical		
	Master mailing list of credito	rs submitted via:				
	(a) comp	uter diskette				
	(b) scann (number of sheets su	able hard copy bmitted)				
	(c) X electron	ic version filed via CM/ECF				
Date:	July 25, 2018	/s/ Mohamad Hilal Kassa	ssir			
		Mohamad Hilal Kassassi	r			
		Signature of Debtor				
Date:	July 25, 2018	/s/ Caleb J. Farmer				
		Signature of Attorney				
		Caleb J. Farmer 10818				
		Farmer & Morris Law, PL	LC			
		PO Box 632				
		Rutherfordton, NC 28139				
		(828) 286-3866 Fax: (828				
		Typed/Printed Name/Adda	ess/ Lelephone			

10818 SC

District Court I.D. Number

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MOHAMAD HILAL KASSASSIR 111 HICKORY KNOB LANE WELLFORD SC 29385

CALEB J. FARMER FARMER & MORRIS LAW, PLLC PO BOX 632

RUTHERFORDTON, NC 28139

AMAZING SERVICES GROUP 3900 GABRIELLE LANE, #6073 AURORA IL 60598

BEST BUY CREDIT SERVICES PO BOX 790441 SAINT LOUIS MO 63179

CHASE PO BOX 15298 WILMINGTON DE 19850-5298

CITI CARD PO BOX 6500 SIOUX FALLS SD 57117

CREDIT FIRST NA PO BOX 81315 CLEVELAND OH 44181-0315

D&R PROPERTY MANAGEMENT AND REMOCOVER BANK PO BOX 101 PO BOX 15316 PO BOX 101 RICHMOND IL 60071 **WILMINGTON DE 19850-5316**

DUPAGE COUNTRY TREASURER 421 N. COUNTY FARM ROAD WHEATON IL 60187-2553

INTERNAL REVENUE SERVICE KRISTIE ELKINS PO BOX 7346 PHILADELPHIA PA 19101-7346

1641 TIMBER TRAILS UNIT A WHEATON IL 60187

LOWE'S COMPANIES, INC MR. COOPER C/O CARRILLO LAW, LLC PO BOX 619094 70 WEST MADISON STREET, STE 2275 DALLAS TX 75261-9741 CHICAGO IL 60602

NATIONSTAR MORTGAGE LLC 8950 CYPRESS WATERS BLVD IRVING TX 75063

PNC BANK PO BOX 94982 CLEVELAND OH 44101

PO BOX 12265 COLUMBIA SC 29211-2265

SOUTH CAROLINA DEPARTMENT OF REFERENCE OF COUNTY TAX CO 366 NORTH CHURCH STREET SUITE 400 **SPARTANBURG SC 29303**

SPECIALIZED LOAN SERVICING, LLC TREES OF WHEATON 8742 LUCENT BOULEVARD, SUITE 300 PO BOX 7679 PO BOX 636005 LITTLETON CO 80163-6005

CAROL STREAM IL 60197-7679